



## Transfer of Establishment - Form II (REAL ESTATE)

**Complete all sections of this form.** Use this form when transferring any real property that meets the definition of an Establishment, as defined in Section 22a-134(3) of the Connecticut General Statutes (CGS). This form can also be used when transferring both real property and business operations simultaneously from "A" to "B." This form is appropriate when an investigation of the parcel has been performed in accordance with prevailing standards and guidelines and (A) any pollution caused by a discharge, spillage, uncontrolled loss, seepage or filtration of a hazardous waste or a hazardous substance which has occurred at the parcel has been remediated in accordance with the remediation standards or (B) it has been determined that no remediation is necessary to achieve compliance with the Remediation Standard Regulations. Commissioner's approval or a Licensed Environmental Professional (LEP) verification **must** be attached to this form. In addition, documentation which demonstrates that there has been no release of hazardous waste or hazardous substance at the parcel since the date of the approval or verification must be attached.

### Section A: General Establishment Information

1. **EPA (RCRA) ID No.:** CT

2. **Type of Transfer** (be specific):

3. **Identification of Establishment** (give name of business which exists/existed on-site)

Establishment Name:

Location:

City/Town:

State: CT

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

**Date of Transfer:** / /20

**From Transferor:**

**To Transferee:**

4. **Transferor**

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

5. **Property Owner** (as it appears in land records):

Name:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

Contact Person:

Title:

6. **A map of the property location must be submitted with this form.**

## Section B: Parcel Remediation Information

### 1. Release Information:

a. Date(s) of release(s):        /    /        (to:    /    /        )

Date is:        ☐ Known        ☐ Estimated

b. Location of release(s):

c. Waste released (Type of waste and EPA Code(s) per 40 CFR Part 261, Subparts C & D):

d. Total quantity of waste released:        Amount:        Unit:

☐ Known        ☐ Estimated

e. Was the release remediated?        ☐ Yes        ☐ No

f. Date remediation completed:        /    /

g. Brief description of remediation or reason why the parcel did not warrant remediation:

h. Was the Department of Environmental Protection (DEP) Oil & Chemical Spills Unit involved?

☐ Yes        ☐ No        ☐ Unknown

☐ If there has been more than one release incident, please enter a check mark and attach additional sheets as necessary, giving the information above for each incident.

## Section C: Documentation of Remediation

**Documentation:** A Commissioner's approval or LEP verification must be submitted with this form. In addition, documentation that demonstrates that there has been no release of hazardous waste or hazardous substance at the parcel since the date of the approval or verification must be attached.

**CHECK ONE THAT APPLIES:**

- ☐ The Commissioner has approved in writing that the investigation of the parcel has been performed in accordance with prevailing standards and guidelines and remediation of any pollution caused by a discharge, spillage, uncontrolled loss, seepage or filtration of hazardous waste or a hazardous substance which has occurred at the parcel has been performed in accordance with the Remediation Standard Regulations.
- ☐ A LEP has verified that an investigation has been performed in accordance with prevailing standards and guidelines and remediation of any pollution caused by a discharge spillage uncontrolled loss seepage or filtration of hazardous waste or a hazardous substance which has occurred at the parcel has been performed in accordance with the Remediation Standard Regulations.
- ☐ Commissioner's determination that an investigation of the parcel has been performed in accordance with prevailing standards and guidelines and no remediation of the parcel is necessary to achieve compliance with the remediation standards.
- ☐ A LEP has verified that the parcel has been investigated in accordance with prevailing standards and guidelines and no remediation of the parcel is necessary to achieve compliance with the remediation standards.

## Section D: Transferor Certification

Description in Property Deed:

Recorded on page \_\_\_\_\_ of volume \_\_\_\_\_, \_\_\_\_\_ of the Town of \_\_\_\_\_  
land records, as lot \_\_\_\_\_, \_\_\_\_\_ block \_\_\_\_\_ on map \_\_\_\_\_ in the Tax Assessor's Office.

"I hereby certify that, based upon an investigation of the parcel in accordance with prevailing standards and guidelines, any pollution caused by a discharge, spillage, uncontrolled loss, seepage, or filtration of hazardous waste or a hazardous substance which has occurred at the parcel has been remediated in accordance with the remediation standards and that the remediation has been approved in writing by the Commissioner or has been verified by a LEP to have been performed in accordance with the Remediation Standard Regulations or the Commissioner of DEP has determined, or a LEP has verified, that no remediation is necessary to achieve compliance with the Remediation Standard Regulations."

"I have personally examined and am familiar with the information submitted in this document, and all attachments thereto, including inquiry of those individuals immediately responsible for obtaining such information, and certify that the submitted information is true, accurate and complete, to the best of my knowledge and belief. I am aware that if I knowingly submit false information or fail to comply with the provisions of CGS Sections 22a-134 to 22a-134e, I may be subject to damages and penalties pursuant to CGS Sections 22a-134(b and d) and an enforcement action pursuant to CGS Section 22a-134a(j). I further certify that I submitted this Form II to the Transferee prior to the transfer of establishment."

"This Form II is complete and accurate as prescribed by the Commissioner without alteration of the text."

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.***

\_\_\_\_\_  
*Authorized Signature(s) for Transferor*

Name of person signing (print or type)

Title (if applicable)

Transferor:

Legal Mailing Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

**Forwarding Address After the Transfer, if different from above:**

Address:

City/Town:

State:

Zip Code: -

Phone: - -

ext.

Fax: - -

STATE OF

}

SS.

COUNTY OF

}

(Town)

The foregoing was subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_

(Name of Signatory, Title and Company, if applicable)

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferor, executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Section E: Transferee Information** (This pertains to the transferee and ***must be completed*** and signed)

This document was received by me on        /        /        as the Transferee.

***This must be signed by an individual(s), if in such capacity; a responsible corporate officer; partner in a partnership; member of a LLC, as applicable.***

\_\_\_\_\_  
*Authorized Signature(s) for Transferee*

Name of person signing (print or type)

Title (if applicable)

Transferee:

Legal Mailing Address:

City/Town:

State:

Zip Code:

-

Phone:

- -

ext.

Fax:

- -

STATE OF

}

}

SS.

COUNTY OF

}

(Town)

The foregoing was subscribed to and sworn to before me this        day of        , 20        ,  
by        .

*(Name of Signatory, Title and Company, if applicable)*

who personally appeared, and that person, as such, satisfactorily proven to be authorized to do so, as Transferee,  
executed the foregoing instrument for the purposes therein contained.

\_\_\_\_\_  
*Signature of Notary/Commissioner of Superior Court*

Name of Notary/Commissioner of Superior Court  
(print or type)

My commission expires        /        /        .

This form is prescribed and provided by the DEP.

The DEP does not certify that the information submitted in this form is correct.

All Forms I (with ECAF), II, III (with ECAF), or IV (with ECAF), any supporting documents as applicable, and fee  
payment should be mailed or hand delivered to: *(this is for fee processing)*

**CENTRAL PERMIT PROCESSING UNIT, 1<sup>st</sup> FLOOR**  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**All *subsequent* correspondence or *subsequent* reports should be mailed to:**

REMEDIATION DIVISION, 2<sup>nd</sup> FLOOR  
BUREAU OF WATER PROTECTION AND LAND REUSE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127